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ART UNIT 2667	Timothy J. Lorenz (Reg. 41,954) 
COMPANY:	DATE:
USPTO	JULY 18, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	A32894-072797.0127
RE:	APPLICATION NUMBER:
CHANGE OF POWER OF ATTORNEY	09/528,697
NOTES/COMMENTS:	

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INTENDED FOR ENTRY**

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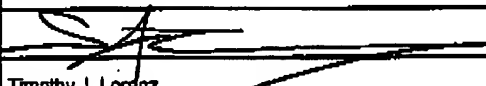
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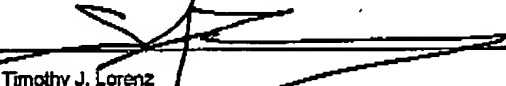
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/528,697	
	Filing Date	March 17, 2000	
	First Named Inventor	Robert Beach	
	Art Unit	2667	
	Examiner Name	Thai D. Hoang	
Total Number of Pages in This Submission	4	Attorney Docket Number	A32894-072797.0127

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Ingrassia Fisher & Lorenz, P.C.		
Signature			
Printed name	Timothy J. Lorenz		
Date	07/18/05	Reg. No.	41,954

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Timothy J. Lorenz
Date	07/18/05

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No. 1195 P. 3
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PTO/SB/81 (09-03)
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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	09/528,597
Filing Date	March 17, 2000
First Named Inventor	Robert Beach
Title	WIRELESS LOCAL AREA NETWORK
Art Unit	2887
Examiner Name	Thal D. Hoang
Attorney Docket Number	A92884-072797.0127

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I hereby appoint:

☐ Practitioners associated with the Customer Number:
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☒ Practitioner(s) named below:

Name	Registration Number
TIMOTHY J. LORENZ	41,954
AARON B. BERNSTEIN	35,745
GLENN F. FRANKENBERGER	41,024
LORI GATHMAN	37,520

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name AARON B. BERNSTEIN, VICE PRESIDENT SYMBOL TECHNOLOGIES, INC.

Signature

Date

Telephone (631) 796-4035

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/628,897
Filing Date	March 17, 2000
First Named Inventor	Robert Beach
Art Unit	2867
Examiner Name	Thai D. Hoang
Attorney Docket Number	A32894-072797.0127

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

29,808

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Aaron B. Bernstein, Vice President Symbol Technologies, Inc.

Date

15 July 05

Telephone

(831) 798-4053

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)

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Applicant/Patent Owner: ROBERT BEACHApplication No./Patent No.: 09/528,697Filed Date: March 17, 2000

JUL 18 2005

Entitled: WIRELESS LOCAL AREA NETWORKSSYMBOL TECHNOLOGIES, INC.a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010959 Frame 0695, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
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3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

15 July 05
Date
(831) 738-4055
Telephone number

AARON B. BERNSTEIN
Typed or printed name
[Signature]
Signature
VICE PRESIDENT SYMBOL TECHNOLOGIES, INC.
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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